

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10-18403

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1		1				51								
2		1		1			52								
3		1		1			53								
4		4		4			54								
5		4		4			55								
6		4		4			56								
7		4		4			57								
8		4		4			58								
9		4		4			59								
10		4		4			60								
11		4		4			61								
12		4		4			62								
13		4		4			63								
14		4		4			64								
15		4		4			65								
16		4		4			66								
17		4		4			67								
18		4		4			68								
19		4		4			69								
20		4		4			70								
21		4		4			71								
22		4		4			72								
23		4		4			73								
24		4		4			74								
25	1		1				75								
26		1		1			76								
27		1		1			77								
28		1		1			78								
29		1		1			79								
30							80								
31							81								
32							82								
33							83								
34							84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
IND.	2		2				TOTAL IND.								
	21		81				TOTAL DEP.								
	83		83				TOTAL CLAIMS								